Distribution of expired drugs through hospitals

†1599. SHRI PYARELAL KHANDELWAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is aware that spurious and substandard drugs are being sold by drug suppliers in different parts of the country;

(b) if so, the details thereof;

(c) the details of steps taken by Government to check the fraud of spurious and substandard drugs;

(d) whether Government is aware that expired drugs are being provided to the patients in some hospitals of Delhi;

(e) if so, the details thereof; and

(f) the accountability of Government mechanism for prevention of the said cases?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) Counterfeiting of medical products is a global issue and is reported in developed as well as developing countries. Government of India is aware of the problem of movement of spurious and sub-standard drugs in the market and has taken serious note of it. Though, being a clandestine activity it is difficult to assess the actual quantum of spurious/sub-standard drugs available in the market, however, a study of samples of drugs tested all over the country during the last 6 to 7 years revealed that about 0.3% to 0.4% of around 40,000 samples fall within the category of spurious drugs and 7 to 8% sub-standard drugs.

(c) and (f) Under the provisions of the Drugs and Cosmetics Act, 1940 and Rules framed thereunder, it is the responsibility of State Governments and Union Territory Administrations through their respective drugs control organizations to regulate manufacture and sale of drugs as well as to keep surveillance over possible movement of spurious/substandard drugs. However, the Government has initiated deterrent measures in this regard to amend the penal provisions prescribed under the Drugs & Cosmetics Act, 1940 to make the punishment for the offenders involved in the manufacture or sale of spurious drugs more stringent.

(d) and (e) The Medical Stores Organisation of the Government ensures that they receive the medicines from the suppliers which do not exceed 1/6th shelf life. After due quality testing, those who pass in the testing, are supplied immediately to the Hospitals under the Central Government *viz.* Safdarjung Hospital, Ram Manohar Lohia Hospital and Lady Hardinge Medical College & Hospital. Hence MSO neither supply any expired medicines to the Hospitals nor Hospitals accept them.

Screening of new borns

1600. SHRI SHANTARAM LAXMAN NAIK: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government proposed to make screening of new born babies mandatory;

(b) if so, the details thereof; and

† Original notice of the question was received in Hindi

(c) the names and details of State Governments where screening of new born babies has been make mandatory alongwith the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) The Government does not propose to make screening of newborn babies mandatory. As per the State Programme Implementation Plans for the Reproductive and Child Health programme for the year 2008-09, screening of newborn babies is not mandatory in any state.

Vaccine for Aids

†1601. SHRI MOTILAL VORA:
SHRI SATYAVRAT CHATURVED:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is aware that the HIV infection is increasing in those States where it was less in the past;

(b) if so, the reasons therefor;

(c) whether it is also a fact that the vaccine, which was tested on thirty volunteers in the National AIDS Research Institute, Pune had already failed in Germany and Belgium;

(d) whether the number of HIV positive patients has increased in Delhi and some other States during the last three years; and

(e) if so, the steps being taken by Government to prevent the infection of HIV?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (*SHRIMATI PANABAKA LAKSHMI*): *(a) Yes, Sir. An increasing trend of* HIV infection has been documented in Bihar, Jammu and Kashmir, Jharkhand, Orissa, Rajasthan, West Bengal and Union Territory of Puducherry, although the adult prevalence rates are below the national average, except in Puducherry, as per the results of the annual sentinel surveillance, 2006.

(b) The risk of HIV transmission increases if people practice high risk behaviour such unprotected sex with multiple partners, men having sex with men and injecting drug use. The above mentioned States have large number of out migration to high prevalence far flung areas, number of national highways and large number of truckers passing through; comparatively low levels of awareness and demand for services; and less well developed services delivery for preventive care and counseling and testing.

(c) The data from Belgium and Germany showed that the vaccine was well tolerated and safe but no significant immune response was reported. The national scientific and ethics committees recommended the study at Pune although the vaccine was weakly immunogenic in Belgium and Germany as different results can occur in different ethnic groups.

(d) The number of HIV positive people living in Bihar, Jharkhand, J & K, Orissa, Rajasthan, West Bengal & Puducherry has increased while no significant increase has been noted in Delhi.

(e) Under the National AIDS Control Programme (2007-2012), up scaling of targeted interventions among the high risk group, behaviour change communication for improved

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